									Application or Docket Number				
	PATENT	)											
Effective December 8, 2004								11670226					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			19					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 150.00	OR	BASIC FEE	300.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		·			X\$ 25:	=	OR	X\$50=		
INDEPENDENT CLAIMS			3 minus 3 =		•			X100=		OR	X200=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+180=		OR	+360=		
• 11	the difference	in column 1 is	less than zero, enter "0" in column 2			Į	TOTAL		OR	TOTAL	20		
CLAIMS AS AMENDED - PART II									· .	10	OTHER		
<u>/-</u>	6-05	(Column 1)		(Colun		(Column 3)		SMALI	L ENTITY	OR	SMALL		
AMENDMENT A	A	CLAIMS REMAINING AFTER AMENDMENT	-	HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	. 19	Minus	**	***************************************	HOMODOWN COMS.	تغند	<b>*</b> X\$ 25=	.	OR	X\$50=		
	Independent	. 3	Minus	***	-	Sensonario	يمنتم	Ž100=		OR	X200=	7	
Ľ	FIRST PRESENTATION OF MULTIPLE D		JLTIPLE DE	PENDENT CLAIM				+180=	1	1	+360=		
					. ;		L	TOTA	<u>.</u>	OR	TOTAL		
								ODIT. FE	-	OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)	1 .		ADDI-	1 1		ADDI-	
AMENDMENT B	,	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total.	*	Minus	** ,		= .	] [	X\$ 25=		OR	X\$50=		
	Independent	•	Minus .	***		=	X10		<b>.</b>	OR	X200≃		
	FIRST PRESENTATION OF MULTIPLE DEPEN				IDENT CLAIM			400	<del>                                     </del>		.000		
							L	+180=		OR	+360= TOTAL		
•							A	DDIT. FEE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	:	CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	_	=		X\$ 25=		OR	X\$50=		
	Independent	•	Minus	***		=		X100=	_	OR	X200=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del> </del>	Un		:	
										OR	+360=		
H	the "Highest Nur	nber Previously Pai	id For IN THIS	S SPACE is	less than	20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		
7	i uie i riignest Nuii The "Highest Nuii	mber Previously Pa ber Previously Paid	For (Total or	Independer	nt) is the	highest number	r foun	id in the ap	propriate bo	in colu	ımn 1.		

FORM PTO-875 (Rev. 10/04)

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